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PTO/SB/01 (1-0-02)

Approved for use through 10/31/2002. OMB 0651-3032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	019157-20
	First Named Inventor	Karl Erich Fankhauser, et al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Method and Apparatus for Locating and Exchanging Clinical Information

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

(If applicable)

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24239		AND <input checked="" type="checkbox"/> Correspondence address below	
PATENT TRADEMARK OFFICE			
Name Steven B. Phillips			
Address Moore & Van Allen, PLLC			
Address 2200 W. Main Street, Suite 800			
City Durham	State NC	ZIP 27705	
Country USA	Telephone (919) 286-8000	Fax (919) 286-8199	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Karl Erich (first and middle (if any))		Family Name Fankhauser or Surname	
Inventor's Signature <i>[Signature]</i>		Date 1/24/2001	
Residence: City Martinez	State CA	Country USA	Citizenship USA
Mailing Address 6732 Waverly Road			
Mailing Address			
City Martinez	State CA	ZIP 94553	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Brian Daniel (first and middle (if any))		Family Name TerBush or Surname	
Inventor's Signature <i>[Signature]</i>		Date 1/26/2000	
Residence: City San Francisco	State CA	Country USA	Citizenship USA
Mailing Address 280 Fell Street, Apt. 302			
Mailing Address			
City San Francisco	State CA	ZIP 94102	Country USA
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

[Page 2 of 2]

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Karl Erich Fankhauser, et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	019157-20

I hereby appoint:

☒ Practitioners at Customer Number

24239

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

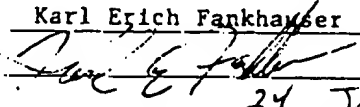
☐ The above-mentioned Customer Number.

OR AND

<input checked="" type="checkbox"/> Firm or Individual Name	Steven B. Phillips		
Address	Moore & Van Allen, PLLC		
Address	2200 W. Main Street, Suite 800		
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Telephone	(919) 286-8000	Fax	(919) 286-8199

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name	Karl Erich Fankhauser
Signature	
Date	24 January 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted. Form 1 of 2

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PTO/SB/01 (10-00)

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AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Karl Erich Fankhauser, et al.

Group Art Unit

Examiner Name

Attorney Docket Number 019157-20

I hereby appoint:

☒ Practitioners at Customer Number

24239

☐ Practitioner(s) named below:

Name	Registration Number

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Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR= AND

☒ Firm or Individual Name

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(919) 286-8199

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Brian Daniel TerBush

Signature

Date

1/26/2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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